Virginia Department of Behavioral Health & Developmental Services

ID Waiver Exceptional Supports Rate 11/3/14

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History

- The 2013 *Acts of the Assembly*, Chapter 806, Item 307 BBBB
  - DMAS to establish a 25% higher reimbursement rate for ID Waiver Congregate Residential Support
  - To support individuals with complex medical or behavioral support needs
    - **residing in an institution** and unable to transfer to integrated settings in the community due to needs for exceptional support services which cannot be provided under existing rates.
    - **residing in the community** and who have medical or behavioral needs which present imminent risk of institutionalization.

Let's Define Terms

- "**Complex behavioral needs**:" conditions requiring exceptional supports in order to respond to the individual's significant safety risk to self or others and documented by the Supports Intensity Scale® (SIS) and Virginia Supplemental Risk Assessment form.

- "**Complex medical needs**:" conditions requiring exceptional supports in order to respond to the individual's significant health or medical needs requiring frequent hands-on care and medical oversight and documented by the Supports Intensity Scale® (SIS) and Virginia Supplemental Risk Assessment form.

Exceptional Support Rates and Billing Code

NOVA: Congregate Residential Supports

- National Code and Modifier: **97535 U1**
- Rate = **$21.70/hour**

Rest of State: Congregate Residential Supports

- National Code and Modifier: **97535 U1**
- Rate = **$18.88/hour**

Let's Define Terms (cont'd)

- "**Exceptional reimbursement rate**" or "**exceptional supports rate (ESR)**:" a rate of reimbursement for congregate residential supports paid to providers who qualify to receive the exceptional rate.
- "**Exceptional supports (ES)**" or "**exceptional support services**:" a qualifying level of supports that are necessary for individuals with complex medical or behavioral needs, or both, to safely reside in a community setting.
  - The need for exceptional supports is demonstrated when the funding required to meet the individual's needs has been expended on a consistent basis by providers in the past 90 days for medical or behavioral supports, or both, over and above the current maximum allowable Congregate Residential Support (CRS) rate in order to support the individual in a manner that assures his health and safety.

Let's Define Terms (cont'd)

- "**Exceptional Supports and Reimbursement Rate Review Committee**" or "**review committee**:"
  - DBHDS staff including
    - a trained SIS® specialist approved by DBHDS
    - a behavior specialist
    - a registered nurse
    - a masters level social worker, and
    - other staff as may be otherwise constituted by DBHDS
  - who will evaluate and make a determination about CRS providers' applications for the delivery of exceptional rate supports.

Who Is Eligible?

General Requirements

Individuals who:

- Are currently enrolled or are qualified to enroll in the ID waiver,
- Are currently receiving or qualify to receive congregate residential support, and
- Have complex medical or behavioral needs, or both, and who require additional staffing support or professional services enhancements (i.e., the involvement of medical or behavioral professionals).

Who Is Eligible? (cont'd)

More Specific Requirements

Individuals who:

1. **Currently reside in an institution** (e.g., a training center or a nursing facility)
   - are unable to transition to integrated community settings because they cannot access sufficient community waiver supports due to their complex medical or behavioral needs, or both.
     - Requires the Support Coordinator, in consultation with the CIM, to document in the service authorization request that, based on supports required by the individual in the last 90 days while he resided in the institution, the individual is unable to transition to the community due to the anticipated need for services that cannot be provided within the maximum allowable CRS rate upon discharge into the community.

Who Is Eligible? (cont'd)

More Specific Requirements

Individuals who:

2. **Currently reside in the community**
   - their medical or behavioral needs, or both, present an imminent risk of institutionalization and an exceptional level of CRS is required to maintain them in the community.

Support Coordinators shall work directly with those qualifying individuals who are residing in the community.

Who Is Eligible? (cont'd)

Additional Requirements for Those Residing in the Community

As a part of the service authorization request, documented evidence **for the 90 days immediately prior** to the ES request must be submitted that **one or more of the following** has occurred:

- Funding has been expended on a consistent basis by providers for medical or behavioral supports, or both, over and above the current maximum allowable CRS rate in order to assure the health and safety of the individual; **OR**

- The residential services PFS has been approved and authorized for the maximum number of hours of support (24 hours/day, seven days/week), yet the individual still remains at imminent risk of institutionalization; **OR**

Who Is Eligible? (cont'd)

Additional Requirements for Those Residing in the Community

. . . documented evidence **for the 90 days immediately prior** to the ES request must be submitted that **one or more of the following** has occurred (cont'd):

- The staff:individual ratio has increased in order to properly support the individual (e.g., the individual requires a 2:1 staff to individual ratio for some or all of the time); **OR**

- Available alternative community options have been explored and utilized but the individual still remains at imminent risk of institutionalization.

Who Is Eligible? (cont'd)

All individuals applying for ES must have a VA Supplemental Risk Assessment form completed **no more than six months prior to request** that demonstrates the following numbered assessment values:

1. The individual requires frequent hands-on staff involvement to address critical health and medical needs (#1a), **and** the individual has medical care plans in place that are documented in the ISP process (#1c); **OR**

Who Is Eligible? (cont'd)

2. The individual **has been convicted** of a crime or crimes related to severe community safety risk to others through the criminal justice system (#2a*) **and** the individual's severe community safety risk to others requires a specially controlled home environment, direct supervision at home or direct supervision in the community, or both, (#2b) **and** the individual has documented restrictions in place related to these risks through a legal requirement or order (#2c); **OR**

3. The individual has not been convicted of a crime related to a severe community safety risk to others but displays the same severe community safety risk as a person found guilty through the criminal justice system (#3a*) **and** the individual's severe community safety risk to others requires a specially controlled home environment, direct supervision at home or direct supervision in the community, or both (#3b) **and** the individual has documented restrictions in place related to these risks within the ISP process (#3c); **OR**

(* "**Severe community safety risk**:" actual or attempted assault or injury to others, property destruction due to fire setting or arson, or sexual aggression)

Who Is Eligible? (cont'd)

VA Supplemental Risk Assessment form requirements (cont'd):

4. The individual engages in self-directed destructiveness related to self-injury, pica, or suicide attempts, or all of these, with the intent to harm self (#4a), **and** the individual's severe risk of injury to self currently requires direct supervision during all waking hours (#4b), **and** the individual has prevention and intervention plans in place that are documented within the ISP process (#4c);

AND. . .

Who Is Eligible? (cont'd)

5. The individual demonstrates a score of 2 (extensive support needed) on any two items in the Supports Intensity Scale® in either:

   a. Section #3a "Exceptional Medical and Behavioral Support Needs: Medical Supports Needed" except for item 11 (seizure management) or item 15 (therapy services), **or**

   b. Section #3b "Exceptional Medical and Behavioral Support Needs: Behavioral Supports Needed" except for item 12 (maintenance of mental health treatments).

Requesting ESR Authorization

- The individual's Support Coordinator shall submit a service authorization request for exceptional supports via IDOLS.
- Preauthorization Consultants shall make the final determination as to whether the individual qualifies for exceptional supports.
- If the service authorization request fails to demonstrate that the individual's support needs meet the criteria described in this section, service authorization shall be denied.
  - Individuals may appeal the denial of a service authorization request for exceptional supports in accordance with the DMAS client appeal regulations.

Helpful Documents Related to ESR Individual Requests

- Support Coordinators will need to submit the "Individual Exceptional Supports Request Check Sheet," along with required documentation to the PA Consultant
  - The form may be downloaded from: http://www.dbhds.virginia.gov/library/document-library/individual%20exceptional%20supports%20request%20check%20sheet.docx
- A flowchart representation of the entire process can be found at: http://www.dbhds.virginia.gov/library/document-library/exceptional%20supports%20rate%20process%20flow%20chart.docx

How Providers Get Approved to Provide/Bill for ES

- Have a DBHDS Residential license in good standing.
  - Neither provisional nor conditional license
- Complete the *Exceptional Rate Application for Providers* (http://www.dbhds.virginia.gov/library/document-library/exceptional%20rate%20application%20for%20providers.docx)
  - This should demonstrate that the provider can meet the support needs of the qualifying individual through qualified staff trained to provide the extensive supports required according to the individual's exceptional support needs.
  - Providers may qualify for exceptional rate reimbursement only when their CRS staff (either employed or contracted) directly performs the support activity or activities required by a qualifying individual.

How Providers Get Approved to Provide/Bill for ES

(cont'd)

- The *Exceptional Rate Application for Providers* is sent to the CSB Support Coordinator for the qualifying individual requesting services from the provider.

- The Support Coordinator shall refer the provider's application to the DBHDS review committee, which shall make a determination on the application within 10 business days.

How Providers Get Approved to Provide/Bill for ES

(cont'd)

- The review committee shall deny a provider's exceptional rate application if it determines that:

  a. a provider has not demonstrated that it can safely meet the exceptional support needs of the qualifying individual, **or**

  b. the provider's active protocols for the delivery of exceptional supports to the qualifying individual are not sufficient, **or**

  c. the provider fails to meet the requirements of this section, **or**

  d. That the application otherwise fails to support the payment of the exceptional rate.

How Providers Get Approved to Provide/Bill for ES

(cont'd)

- If the review committee denies an exceptional rate application, it shall notify the provider in writing of such denial and the reason or reasons for the denial.

- Providers may appeal the denial of a request for the exceptional rate in accordance with the DMAS provider appeal regulations.

- **NOTE:** Providers may not contest the determination that a given individual is not eligible for exceptional support services.

How Providers Get Approved to Provide/Bill for ES

(cont'd)

- Providers must ensure that their exceptional reimbursement rate application has been approved by DBHDS prior to submitting any claims for this exceptional rate.

- Payment at the exceptional reimbursement rate shall be made to the CRS provider effective the date of DBHDS approval of the provider's exceptional rate application **and** upon completion of the service authorization process for the individual, **whichever comes later**.

Provider Requirements Once Approved

- Providers shall document in each individual's Plan for Supports (PFS) how the provider will respond to the individual's specific current exceptional needs.
- Providers shall address each individual's complex medical and/or behavioral support needs through specific and documented protocols that may include:
  - employing additional staff to support the individual, and/or
  - securing additional professional support enhancements beyond those planned supports reimbursed through the maximum allowable CRS rate.
- Providers shall document in the individual's record that the costs of such additional supports exceeds those covered by the standard CRS rate.

Provider Requirements for Supporting Individuals with Complex Medical Needs

- CRS providers must employ or contract with a registered nurse (RN) to administer or delegate the required complex medical supports. The RN must
  - be licensed in the Commonwealth or hold multi-state licensure privilege and
  - have a minimum of two years of related clinical experience (i.e., work in an acute care hospital, public health clinic, home health agency, rehabilitation hospital, nursing facility, or an ICF/IID).

Provider Requirements for Supporting Individuals with Complex Medical Needs (cont'd)

- All staff who will be supporting a qualifying individual must receive individual-specific training regarding the individual's
  - medical condition or conditions,
  - medications (including training about side effects),
  - risk factors,
  - safety practices,
  - procedures that staff are permitted to perform under nurse delegation, and
  - any other training the RN deems necessary to enable the individual to be safely supported in the community.

Provider Requirements for Supporting Individuals with Complex Medical Needs (cont'd)

- The provider shall arrange for the Direct Support Professionals' (DSPs') training to be provided by qualified RN(s) and document the training in the provider's record.

- The RN shall also monitor the DSPs including, but not limited to, observing staff performing the needed complex medical supports.

Provider Requirements for Supporting Individuals with Complex Behavioral Needs

- Providers must consult with a qualified behavioral specialist, defined as a person who possesses any of the following credentials:
  - (i) endorsement by the Partnership for People with Disabilities at Virginia Commonwealth University as a positive behavioral supports facilitator;
  - (ii) board-certification as a behavior analyst (BCBA) or board-certification as an associate behavior analyst (BCABA); or
  - (iii) licensure by the Commonwealth as either a psychologist, a licensed professional counselor (LPC), a licensed clinical social worker (LCSW), or a psychiatric clinical nurse specialist.

Provider Requirements for Supporting Individuals with Complex Behavioral Needs (cont'd)

- The qualified behavioral specialist shall develop a behavior plan based upon the qualifying individual's needs and train the provider's staff in its implementation.
- Both the behavior plan and staff receipt of training shall be documented in the provider's record.

Provider Requirements for Supporting Individuals with Complex Behavioral Needs (cont'd)

- Providers who will be supporting a qualifying individual with complex behavioral issues shall have training policies and procedures in place and demonstrate that staff has received appropriate training (e.g., positive support strategies) in order to support an individual with mental illness and/or behavioral challenges.
- Providers shall ensure that the physical environment of the home is appropriate to accommodate the needs of the individual with respect to his behavioral and medical challenges.

Provider Requirements for Supporting Individuals with Complex Behavioral Needs (cont'd)

- Providers shall have on file **crisis stabilization plans** for all qualifying individuals with complex behavioral needs.

- These plans shall provide direct interventions that avert emergency psychiatric hospitalizations or institutional placement and include appropriate admission to crisis response services that are provided in the Commonwealth.

- These plans shall be approved by DBHDS and reviewed by the review committee.

Documentation Requirements

- The provider's and the Support Coordinator's records must contain the following for each individual who is receiving ESR services:

  a. The active protocol (see slide #20) that demonstrates extensive supports are being delivered in the areas of extensive support needs in the SIS®. For those qualifying individuals who are new to the waiver, a protocol shall be developed; and

  b. An ISP, developed by the individual's support team, that demonstrates the needed supports and contains support activities to address these; and

  c. Evidence of the provider's ability to meet the individual's exceptional support needs (as appropriate):

     (i) documentation of staff training,

     (ii) employment of or contract with an RN,

     (iii) involvement of a behavior or psychological consultant, or crisis team involvement.

Documentation Requirements (cont'd)

- Because qualifying individuals will meet the Enhanced Case Management qualifications (by virtue of their SIS® scores), the Support Coordinator must conduct and document monthly face-to-face contacts with the qualifying individual, including an every other month contact in the residence.

- All Support Coordination responsibilities related to ESR can be found at: http://www.dbhds.virginia.gov/library/document-library/ods-support-coordination-related-requirements-10-2014.pdf

Review of and Changes to an Individual's Receipt of Exceptional Supports

- At any time that there is a significant change in the qualifying individual's medical or behavioral support needs, the provider shall notify the qualifying individual's Support Coordinator and document the changes in the individual's PFS.

- Upon receiving provider notification, the Support Coordinator shall confer with DBHDS about these changes to determine whether the modifications to the PFS affects the individual’s continued qualification for receipt of the exceptional supports.

Ongoing Review of Exceptional Supports

- The Support Coordinator must provide to DBHDS updated documentation substantiating the individual's continued eligibility at least every three years or whenever there is a significant change in the qualifying individual's needs or status.
  - The provider must transmit needed information to the Support Coordinator.
- This update shall include:
  - A review of the individual's response to the provision of exceptional supports developed with the individual and the CRS provider, and
  - A description of the incremental step-down provisions included in the qualifying individual's PFS.
- The DBHDS review committee shall make a determination about the provider's continued eligibility for ESR reimbursement for a given individual.

Link to Regulations

- To view the current Emergency Regulations that went into effect November 1, 2014:

http://townhall.virginia.gov/L/ViewXML.cfm?textid=9106

Questions?